

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10280,208

APPLICANT(S)

7-14-08 4300

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
4	1			1		
5	1		1			
6		5		5		
7	1		1			
8		1		1		
9	1			1		
10	1			1		
11	1		1			
12		5		5		
13		1		1		
14				1		
15				1		
16				1		
17			1			
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49						
50		1				
TOTAL IND.	4		6			
TOTAL DEP.	116	→	20	→		→
TOTAL CLAIMS	220		220			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		→		→		→
TOTAL CLAIMS						

\* USE REVERSE FOR ADDITIONAL CLAIMS OR AMENDMENTS